

## CONFINED SPACE ENTRY PERMIT

IN CASE OF AN EMERGENCY CALL x-3131 (840-3131)

Location and Description of Confined Space: \_\_\_\_\_

Purpose of Entry: \_\_\_\_\_

Division/Section Authorizing Work: \_\_\_\_\_ Date of Entry: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Time of Entry: \_\_\_\_\_

Other Permits Required: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\_\_\_\_\_ Expiration Date: \_\_\_\_\_

Entry Supervisor	ID #	Entrants	ID #
------------------	------	----------	------

--	--	--	--

Attendants	ID #		
------------	------	--	--

--	--	--	--

--	--	--	--

Required Special Precautions	Yes	No	Required Personal Protective Equipment	Yes	No
Lines Broken / Capped / Blanked			Radiation Dosimetry – (e.g., TLD Badge, Pocket)		
Purge Area - Flush and Vent			Lighting		
Secure Area - Post and Barricade			Protective Clothing / Coveralls		
Mechanical Ventilation			Face Protection – (e.g., Glasses, Goggles, Face Shield)		
Full-Body Harness	✓		Eye Protection		
Lifeline			Footwear – (e.g., Safety Shoes, Boots)		
Retrieval System			Additional Air Monitor – (e.g., ODH Monitor)		
Spark Proof Tools			Gloves		
Communication with ENTRANT(S) (Pick one)	✓		Hardhats		
Verbal			Hearing Protection		
Radio / Walkie-Talkie			Respirator		
Communication with FIRE DEPT. (Pick one)	✓		Type:		
Cellular Phone			Training Date:		
Laboratory Phone			Fit Test Date:		
Radio			Medical Surveillance Date:		

### Notifications

Name

Notes

Fire Department (x-3413 or 840-3413)		
Landlord ES&H SSO or designee		
Functional Landlord ES&H SSO or designee		

**Other Special Precautions (List Below):**

**POST PERMIT AT THE JOB SITE UNTIL THE JOB IS COMPLETED OR UNTIL THE PERMIT EXPIRES**

## Air Monitoring Equipment Data

Instrument Used	Instrument #	Calibration		
		Date	Initials	ID#

## Atmospheric Testing Data

Date	Time	Location of Reading	%Oxygen (19.5% To 23.5%)	%LEL (Below 10%)	Carbon Monoxide (Below 25 ppm)	Hydrogen Sulfide (Below 5 ppm)	Other Toxic (If Applies)	Notes (i.e. Pre-entry reading, During entry, etc.)	Atmosphere Tested By	
									Initials	ID#

NOTE: Testing results shall be recorded at a minimum of at least once per hour.

---

### Permit Authorization

\_\_\_\_\_  
Entry Authorization Certification (Entry Supervisor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

a.m. / p.m.

The entry authorization signature certifies that all precautions and equipment specified by this permit are in place and all atmospheric testing is within allowable limits to allow entry.

---

### ES&H Permit Approval (if required by Landlord)

\_\_\_\_\_  
Landlord ES&H SSO or designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

a.m./p.m.

---

### Cancellation of Permit

\_\_\_\_\_  
Permit Cancellation Signature (Entry Supervisor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

a.m. / p.m.

The entry supervisor cancels the permit when either unacceptable conditions arise or when the work authorized by the permit has been completed.

---

### **IN CASE OF AN EMERGENCY CALL x-3131 (840-3131)**

POST PERMIT AT THE JOB SITE UNTIL THE JOB IS COMPLETED OR UNTIL THE PERMIT EXPIRES,  
RETAIN COMPLETED PERMITS FOR A MINIMUM OF ONE YEAR